

Office of the Secretary of Transportation

Pt. 40, App. G

§ 40.247(a)(2): Transmission of alcohol screening test results only when the test result is less than 0.02

§ 40.255(a)(4): Transmission of alcohol confirmation test results only when the test result is less than 0.02

§ 40.263(a)(3) and 263(b)(3): Notification of insufficient saliva and failure to provide sufficient amount of breath

[65 FR 79526, Dec. 19, 2000, as amended at 66 FR 41955, Aug. 9, 2001; 73 FR 35975, June 25, 2008]

APPENDIX G TO PART 40—ALCOHOL TESTING FORM

The following form is the alcohol testing form required for use in the DOT alcohol testing program beginning January 1, 2011. Employers are authorized to use the form effective February 25, 2010.

**U.S. Department of Transportation (DOT)
Alcohol Testing Form**

(The instructions for completing this form are on the back of Copy 3)

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN													
A: Employee Name _____ (Print) (First, M.I., Last)													
B: SSN or Employee ID No. _____													
C: Employer Name _____ Street _____ City, State, Zip _____													
DER Name and Telephone No. _____ DER Name _____ DER Phone Number _____													
D: Reason for Test: <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Susp <input type="checkbox"/> Post-Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Pre-employment													
STEP 2: TO BE COMPLETED BY EMPLOYEE													
I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.													
Signature of Employee _____ Date ____/____/____ Month Day Year													
STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN													
(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.													
TECHNICIAN: <input type="checkbox"/> BAT <input type="checkbox"/> STT DEVICE: <input type="checkbox"/> SALIVA <input type="checkbox"/> BREATH* 15-Minute Wait: <input type="checkbox"/> Yes <input type="checkbox"/> No													
SCREENING TEST: (For BREATH DEVICE* write in the space below <u>only</u> if the testing device is <u>not</u> designed to <u>print</u> .)													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Test #</th> <th>Testing Device Name</th> <th>Device Serial # <u>OR</u> Lot # & Exp Date</th> <th>Activation Time</th> <th>Reading Time</th> <th>Result</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Test #	Testing Device Name	Device Serial # <u>OR</u> Lot # & Exp Date	Activation Time	Reading Time	Result						
Test #	Testing Device Name	Device Serial # <u>OR</u> Lot # & Exp Date	Activation Time	Reading Time	Result								
CONFIRMATION TEST: Results <u>MUST</u> be affixed to each copy of this form or printed directly onto the form.													
REMARKS: _____ _____ _____													
<table style="width: 100%;"> <tr> <td>Alcohol Technician's Company _____</td> <td>Company Street Address _____</td> </tr> <tr> <td>(PRINT) Alcohol Technician's Name (First, M.I., Last) _____</td> <td>Company City, State, Zip _____</td> </tr> <tr> <td>Signature of Alcohol Technician _____</td> <td>Phone Number _____</td> </tr> <tr> <td>_____</td> <td>Date ____/____/____ Month Day Year</td> </tr> </table>		Alcohol Technician's Company _____	Company Street Address _____	(PRINT) Alcohol Technician's Name (First, M.I., Last) _____	Company City, State, Zip _____	Signature of Alcohol Technician _____	Phone Number _____	_____	Date ____/____/____ Month Day Year				
Alcohol Technician's Company _____	Company Street Address _____												
(PRINT) Alcohol Technician's Name (First, M.I., Last) _____	Company City, State, Zip _____												
Signature of Alcohol Technician _____	Phone Number _____												
_____	Date ____/____/____ Month Day Year												
STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER													
I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.													
Signature of Employee _____ Date ____/____/____ Month Day Year													

*Print Screening Results
Here or Affix with
Tamper Evident Tape*

*Print Confirmation
Results Here or Affix
with Tamper Evident
Tape*

*Print Additional
Results Here or Affix
With Tamper Evident
Tape*

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U.S. Department of Transportation (DOT)
Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name _____
(Print) (First, M.I., Last)

B: SSN or Employee ID No. _____

C: Employer Name _____
Street _____
City, State, Zip _____

DER Name and Telephone No. _____
()
DER Name _____ DER Phone Number _____

D: Reason for Test: ☐ Random ☐ Reasonable Susp ☐ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-employment

Print Screening Results
Here or Affix with
Tamper Evident Tape

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.

Signature of Employee _____ Date ____/____/____
Month Day Year

Print Confirmation
Results Here or Affix
with Tamper Evident
Tape

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☐ BAT ☐ STT DEVICE: ☐ SALIVA ☐ BREATH* 15-Minute Wait: ☐ Yes ☐ No

SCREENING TEST: (For BREATH DEVICE* write in the space below only if the testing device is not designed to print)

Test #	Testing Device Name	Device Serial # <u>OR</u> Lot # & Exp Date	Activation Time	Reading Time	Result

CONFIRMATION TEST: Results MUST be affixed to each copy of this form or printed directly onto the form.

REMARKS:

Alcohol Technician's Company _____ Company Street Address _____
(PRINT) Alcohol Technician's Name (First, M.I., Last) _____ Company City, State, Zip _____ Phone Number _____

Signature of Alcohol Technician _____ Date ____/____/____
Month Day Year

Print Additional
Results Here or Affix
With Tamper Evident
Tape

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee _____ Date ____/____/____
Month Day Year

Form DOT F 1380 (Rev. 5/2008)

OMB No. 2105-0529

COPY 2 – EMPLOYEE RETAINS

**U.S. Department of Transportation (DOT)
Alcohol Testing Form**

(The instructions for completing this form are on the back of Copy 3)

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN	
A: Employee Name _____ (Print) (First, M.I., Last)	
B: SSN or Employee ID No. _____	
C: Employer Name _____ Street _____ City, State, Zip _____	
DER Name and Telephone No. _____ DER Name _____ DER Phone Number _____	
D: Reason for Test: <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Susp <input type="checkbox"/> Post-Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Pre-employment	
STEP 2: TO BE COMPLETED BY EMPLOYEE	
I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.	
Signature of Employee _____	Date _____/_____/_____ Month Day Year
STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN	
(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.	
TECHNICIAN: <input type="checkbox"/> BAT <input type="checkbox"/> STT DEVICE: <input type="checkbox"/> SALIVA <input type="checkbox"/> BREATH* 15-Minute Wait: <input type="checkbox"/> Yes <input type="checkbox"/> No	
SCREENING TEST: (For BREATH DEVICE* write in the space below <u>only</u> if the testing device is <u>not</u> designed to <u>print</u> .)	
Test #	Testing Device Name Device Serial # <u>OR</u> Lot # & Exp Date Activation Time Reading Time Result
CONFIRMATION TEST: Results <u>MUST</u> be affixed to each copy of this form or printed directly onto the form.	
REMARKS: _____ _____ _____	
Alcohol Technician's Company _____ (PRINT) Alcohol Technician's Name (First, M.I., Last)	Company Street Address _____ Company City, State, Zip _____ Phone Number _____
Signature of Alcohol Technician _____	Date _____/_____/_____ Month Day Year
STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER	
I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.	
Signature of Employee _____	Date _____/_____/_____ Month Day Year

Form DOT F 1380 (Rev. 5/2008)

OMB No. 2105-0529

COPY 3 – ALCOHOL TECHNICIAN RETAINS

*Print Screening Results
Here or Affix with
Tamper Evident Tape*

*Print Confirmation
Results Here or Affix
with Tamper Evident
Tape*

*Print Additional
Results Here or Affix
With Tamper Evident
Tape*

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INSTRUCTIONS FOR COMPLETING THE U.S. DEPARTMENT OF TRANSPORTATION ALCOHOL TESTING FORM

NOTE: Use a ballpoint pen, press hard, and check all copies for legibility.

STEP 1 The Breath Alcohol Technician (BAT) or Screening Test Technician (STT) completes the information required in this step. Be sure to print the employee's name and check the box identifying the reason for the test.

NOTE: If the employee refuses to provide SSN or I.D. number, be sure to indicate this in the remarks section in STEP 3. Proceed with STEP 2.

STEP 2 Instruct the employee to read, sign, and date the employee certification statement in STEP 2.

NOTE: If the employee refuses to sign the certification statement, do not proceed with the alcohol test. Contact the designated employer representative.

STEP 3 The BAT or STT completes the information required in this step and checks the type of device (saliva or breath) being used. After conducting the alcohol screening test, do the following (as appropriate):

Enter the information for the screening test (test number, testing device name, testing device serial number or lot number and expiration date, time of test with any device-dependent activation times, and the results), on the front of the ATF. For a breath testing device capable of printing, the information may be part of the printed record.

NOTE: Be sure to enter the result of the test exactly as it is indicated on the breath testing device, e.g., 0.00, 0.02, 0.04, etc.

Affix the printed information to the front of the form in the space provided, or to the back of the form, in a tamper-evident manner (e.g., tape) such that it does not obscure the original printed information, or the device may print the results directly on the ATF. If the results of the screening test are less than 0.02, print, sign your name, and enter today's date in the space provided. The test process is complete.

If the results of the screening test are 0.02 or greater, a confirmation test must be administered in accordance with DOT regulations. An EVIDENTIAL BREATH TESTING device that is capable of printing confirmation test information must be used in conducting this test.

Ensure that a waiting period of at least 15 minutes occurs before the confirmation test begins. Check the box indicating that the waiting period lasted at least 15 minutes.

After conducting the alcohol confirmation test, affix the printed information to the front of the form in the space provided, or to the back of the form, in a tamper-evident manner (e.g., tape) such that it does not obscure the original information, or the device may print the results directly on the ATF. Print, sign your name, and enter the date in the space provided. Go to STEP 4.

STEP 4 If the employee has a breath alcohol confirmation test result of 0.02 or higher, instruct the employee to read, sign, and date the employee certification statement in STEP 4.

NOTE: If the employee refuses to sign the certification statement in STEP 4, be sure to indicate this in the remarks line in STEP 3.

Immediately notify the DER if the employee has a breath alcohol confirmation test result of 0.02 or higher.

Forward **Copy 1** to the employer. Give **Copy 2** to the employee. Retain **Copy 3** for BAT/STT records.

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[75 FR 8529, Feb. 25, 2010, as amended at 75 FR 13009, Mar. 18, 2010; 75 FR 38423, July 2, 2010]